



## **Stop Surprise Medical Bills**

One in five visits to the emergency room result in a patient receiving a surprise medical bill. Surprise medical bills happen when a patient sees a doctor that they did not choose: either because of emergency care from an out-of-network provider, or because an out-of-network doctor, not chosen by the patient, treats them.

**The No Surprises Act will ensure that patients do not receive a surprise bill.** Patients would only be required to pay the in-network amount – whether they receive out-of-network emergency care or non-emergency care at in-network facilities and are treated by out-of-network providers.

### **The Solution:**

Commercial, Median, In-network Price – by service, by geographic region — For surprise bills, insurance companies would pay medical and air ambulance providers the local contracted commercial amount that the doctors and hospitals negotiated with insurers and agreed upon as of January 31, 2019, inflated annually by the Consumer Price Index All Urban Consumers (CPI-U) in that geographic area.

### **Baseball-Style Arbitration**

Similar to New York, for commercial, median, in-network payments that exceed \$750, providers, hospitals, and plans will have the option to enter into binding arbitration.

The non-partisan Congressional Budget Office estimates this approach will save taxpayers \$20 billion over ten years.